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ORIGINAL DEPARTMENT.

LECTURE.

ELECTRO-THERAPEUTICS.

An Abstract of a Lecture delivered at the Philadelphia School of Anatomy and Surgery.

On the Scope and Importance of Electro-Therapeutics, and on the Causes of Failure in Electro-Therapeutics.

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REPORTED BY GEORGE J. CLUNAS.

GENTLEMEN:—Electro-therapeutics is that branch of the science and art of medicine which discusses the use of electricity in the treatment of disease. Much difference of opinion exists in the profession as to its scope and importance. While some laud electricity to the skies as a therapeutic resource, others would consign it to disgrace and oblivion, or would only allow it an intermediate and indifferent position. In this instance, as in so many others, the extremists on both sides are at fault. The field of medical electricity has its limits, which are every day becoming more and more clearly defined; but they are not quite so narrow as many skeptics and cynics suppose. In looking at the subject, we should, on the one hand, avoid over-enthusiasm, which, as has been well said, in science often means death; but, on the other, we should as carefully eschew *unhealthy* skepticism, which is equally deadly, although the poison flows through an opposite channel. Electricity is not

a specific; it is not a universal panacea, and he who heralds it as such should be branded as a charlatan; but while this is true, it nevertheless has a therapeutic value, which is positive and should not be disregarded. As high an authority as Professor Erb, of Heidelberg, says that it has recently become the most important remedy in the treatment of neuralgia, from the brilliant success that has attended its application in all the different forms of the disease. Dr. Anstie, of London, the distinguished neuro-pathologist and therapist, whose right to an opinion on this matter no one will be likely to gainsay, speaks with the greatest assurance of its value as a remedy for neuralgic pain. He says also that nothing but the general ignorance of the facts can account for the extraordinary supineness of the mass of English practitioners with regard to this question.

Electricity is of especial value in the diagnosis, prognosis and treatment of affections of the nervous system.

As some of those who oppose its claims to a place in medicine have been disappointed in its use, or have witnessed its want of success in the hands of others, and hence are honest in their convictions, it will perhaps be well for us, at the very outset of our course, to consider some of the most prominent causes of failure in electro-therapeutics.

Let us look for a moment at a common incident, to illustrate the frequent procedure of the general practitioner with reference to medical batteries. He reads the report of a brilliant cure or two wrought by electricity in some quarter; or procures and hastily scans the pages of

a new work on electro-therapeutics; or, it may be, falls upon and devours the glowing testimonials of some galvanic manufacturing company's catalogue, and forthwith sends for what he conceives to be the latest improved form of electrical apparatus, with which he proposes to banish all the ills to which the flesh of his neighborhood is heir.

At first, perhaps, all goes "merry as a marriage-bell;" wonderful results are achieved in some instances of aphonia, radial palsy, or neuralgia; a few hysterical females are renovated, temporarily at least, by the magic machine. Soon, however, signs of a change are visible. Cases present themselves which will not respond so promptly to the electrical treatment. The apparatus ceases its hum, and the confidence of the physician in its powers vanishes.

Let us inquire into some of the reasons for such an unfortunate experience.

One cause of failure is to be sought for in the imperfect instruments of the practitioner. Many of these are clumsy, inefficient, and easily get out of order. The cabinet work may be of unseasoned wood, or badly finished.

The accessory appliances are also sources of failure; for instance, the conducting cords may be imperfect.

The annoyances and failures which spring from the apparatus are not always to be laid at the door of the manufacturer. Electrical, like other tools, need to be cared for and watched over with the same solicitude with which an old lady looks after her work-box. Everything about the electric machine should be kept scrupulously neat and clean, and care and thoughtfulness should be exercised in its management.

In the great majority of cases, faradic, or electro-magnetic machines, which are cheaper and more portable than the galvanic with many cells, are the only kinds possessed and employed by the general practitioner. As the true galvanic current (that which is derived directly from the cells of a battery) is, in some instances, decidedly superior to the faradic, a prolific source of error and failure is to be found in the fact that the practitioner does not make use of both forms of apparatus. Instruments for galvanization may never be quite as convenient, portable and cheap as those for faradization, but such improvements, in these respects, have been and are being made, that the physician

who turns to electricity at all has but little excuse for not procuring both. He should, at least, have sufficient information and discretion to know when *not* to use his faradic apparatus.

The badly educated specialist, or semi-specialist, who possesses both, may sometimes make the mistake of employing galvanization for faradization; but, as I have just stated, the general practitioner, in nine cases out of ten, will probably err in the other direction.

The manufacturers and venders of electro-medical machines have, in some instances, done injury to the cause of electro-therapeutics, and indirectly have been to blame for failures in practice, by claiming too much for the wares which they have put into the market. Physicians, finding that these exorbitant claims cannot be substantiated, will not give the instruments which they have purchased a full and fair trial.

Magneto-electric, or rotary, machines (those in which a coil is, by means of a crank, made to revolve rapidly, in close proximity to a permanent magnet) are used to no inconsiderable extent, and without discrimination, by the profession and the people at large. Although magneto-electricity, which is really one form of induction, has its limited therapeutic uses, and may, when improved instruments have been constructed, take a prominent place in electric medicine, yet, with our present knowledge, it is not to be generally recommended. The current which is afforded by the magneto-electric instruments now sold is not smooth enough, nor is it sufficiently under control, to be advised in most of the cases in which electricity is of service.

Leaving, however, the apparatus, let us extend further our inquiries as to the sources of failure and discouragement in electro-therapeutics. Many of these are the same as, or similar to, those which act to produce ill success and disappointment in every department of medicine. Errors of diagnosis may here, as in other quarters, lead to improper, and even injurious, treatment. Want of a general understanding of disease may be the source of bad or negative results. Local affections may be treated generally, or, what is perhaps more common, as Beard and Rockwell have pointed out, morbid constitutional conditions, such as hysteria, anæmia, and the like, which demand systemic remedies, may be treated electrically only.

A poor preliminary medical education is sometimes the difficulty. Those who do not know their anatomy reasonably well cannot pick out the proper nerves and muscles to which to make applications; if their physiology is at fault, they cannot, with judgment, attempt to restore lost or impaired functions. The physiological effects of electricity are scarcely understood at all; and many physicians are sadly deficient in their knowledge of physics, a department of science in which they should at least have a fair education.

Many have not the patience to treat cases which require the monotonous application of the same remedy day after day. It is much easier to sit in one's chair, ask a few questions, write a prescription or two, and bow a patient out, than it is carefully and conscientiously to apply a current ten, fifteen, twenty, or more minutes. A slipshod or unsatisfactory séance is often worse than none. Perseverance on the part of physicians is also necessary, but often wanting. Good results cannot always be obtained in a short time, or from a few applications. In some cases, which have eventually recovered, I have even, at first, seen temporary aggravation of the disorder. This is now and then noticed in neuralgic affections. In infantile palsy, too, the progress of improvement is often slow and tedious.

Again, many of those who come to the office of the medical electrician, or to the hospital clinics, for nervous diseases, where electricity is most in vogue, seem to expect the immediate performance of a miracle of healing; and if their anticipations are not realized, soon leave, disconsolate or disgusted.

Electricity is often used alone when it should be employed in conjunction with other remedies. "I am quite satisfied," says Althaus, "that some affections of the nervous system can be cured by electricity alone; but in the majority of cases a simultaneous internal treatment is of the greatest importance, and should not be neglected if we wish to increase the chances of success."

I agree with Dr. Brinton, who, in a recent editorial in the *MEDICAL AND SURGICAL REPORTER*, says, "It is no test of the value of electricity to put a patient on the regular textbook treatment for his complaint, *plus* the electric currents, and attribute his recovery principally to the latter;" but, on the other hand, it is not fair to detract from the credit

due to electricity in those cases in which it does good when conjoined with internal remedies, but in which neither one nor the other would be efficacious alone.

The fact that electricity is often the last resort, the forlorn hope, is another reason for want of success. If a patient really need this agent, it should be used as early as possible. It happens not infrequently that a case comes, or is brought, to the electrician with the remark, "Doctor, we have tried almost everything but electricity, without success, and have now concluded to give it a trial." It is not surprising that, under such circumstances, the physician occasionally, or even often, fails to afford relief.

COMMUNICATIONS.

A CASE OF OVARIOTOMY.

BY E. Y. CHASE, M. D.,
Of Salem, Oregon.

July 1st, 1876.—Mrs. O. F. Knox, a lady twenty-six years of age, the wife of a farmer, near Cottage Grove, Linn county, Oregon, was submitted to me for operation and treatment, by her attending physician, Dr. J. C. Shelton, of Salem, who had made the diagnosis of her case as ovarian tumor.

The history given was as follows: She was the mother of two children, aged respectively two years and ten months. Previously to her last confinement she had enjoyed excellent health, and was regular in her habits and functions of life. Her ordinary weight was 130 pounds. There was nothing peculiar about her last confinement, and it was not until a fortnight thereafter that anything abnormal was suspected; then she found that her size did not decrease as it should do, but, on the contrary, she was becoming larger, although at that time she had no pain nor discomfort; she thought she was getting fat. But after a few weeks she began to have sharp spasmodic pains in her right groin, which gradually diminished in intensity, and finally ceased altogether, the tumor still increasing in size, although painless.

On her arrival at Salem I took charge of the case, and a careful examination revealed the following conditions: She was hopeful, and anxious to have something done for her relief; physical condition in general, good; weight,

165 pounds; complexion clear and ruddy; body rather fleshy; lower extremities somewhat oedematous; cannot stand long upon her feet; temperature normal; heart's action and respiration labored; no eruptions nor glandular enlargements; bowels costive; appetite and digestion good; sleep disturbed; cannot rest well in the recumbent position; menstrual discharge more profuse than normal, with periods of excessive and irregular frequency; urinary secretion normal in quantity, but containing uric acid and urates in excess; bladder irritable, and micturition much too frequent. The whole of the abdominal cavity was occupied by a large movable, nodulated tumor, which gave no evidence of adhesions. The uterus was movable, independent of the tumor, by a sound introduced into its cavity. Tension of the abdominal walls was very great, but they glided freely over the tumor; the veins of the skin over the tumor were somewhat varicose, but there were no *lineæ albicantes*. Fluctuation on the right side, and crepitus above the navel; no tenderness at any point, but dullness upon percussion over the whole abdomen, excepting low down in the right inguinal space, where the percussion note was clear and sonorous; location of the dullness not changed by change of bodily position; uterus displaced to the left side; depth of its cavity three inches; os oedematous and congested, with pouching of Douglas' cul de sac, which evidently contained fluid.

Measurements.—Around the waist, 30½ inches; around the level of the navel, 37½ inches; from ensiform cartilage to umbilicus, 8 inches; from umbilicus to symphysis pubis, 7 inches; from same to right ant. sup. spin. process of ilium, 7½ inches; from same to left ant. sup. spin. process of ilium, 8 inches. It was diagnosed as a polycystic, non-adherent tumor of the right ovary. The diagnosis was clear, and was fully verified by the subsequent operation.

After due consultation with other physicians, who confirmed my diagnosis, it was decided to operate, which was done on the 14th day of July. On the morning of this day I made another careful examination. (I had previously scarified the os uteri, to relieve the congestion; had relieved the bowels by laxatives, and had secured a free elimination of urea by the use of elixir lithiæ citratæ). I found her size around the navel had increased to 40 inches, showing an enlargement, in two weeks, of 2½ inches.

Everything being considered favorable, in the afternoon she was placed upon the operating table, and with the aid of Drs. Fiske, Carpenter, Reynolds, and Jessup, all of Salem, I proceeded to perform the operation of ovariectomy, as follows:—I made an incision, five inches long, through the linea alba, extending from the navel to within one and a half inches of the symphysis pubis, down to the peritoneum, and after all oozing of blood had ceased, made a small opening in the peritoneum, through which I passed a curved steel sound, which I swept all around the tumor, excepting on the right side, which was the locality of the pedicle, and one point one inch to the left, and a little above the navel, where there was a band of adhesion, about an inch long and half an inch broad. The feasibility of removing the whole tumor being thus made apparent, I slit open the peritoneum to the whole extent of the external wound, using blunt-pointed scissors, well guarded below with my fingers; I then more fully explored the cavity of the abdomen by introducing my whole hand. The tumor was surrounded by ascitic fluid and bulged freely into the wound. I then plunged into it a large Spencer Wells trocar, with tube attached, and successively punctured cyst after cyst, withdrawing a dark thick fluid, the estimated quantity of which was three gallons (a portion of it ran upon the floor). When the cyst was sufficiently collapsed, it was seized with a Fitch's cyst forceps, and with considerable difficulty withdrawn through the wound; the single adhesion being tied with silk and cut when it appeared (the end of this ligature was left long and brought out of the wound). The pedicle was three inches long and two broad; it was tied in two parts by a double silk ligature (each composed of five strings of saddler's silk, well waxed but not twisted). The pedicle was then cut and tumor removed. In order that I might be enabled to remove these ligatures at any time, I used the instrument devised by Dr. Peaslee; he calls it "his knife and shield." The shield is similar to the sheath of a dirk, but is perforated through its sides with holes; through these the ligatures are passed, and also through the centre of the pedicle; then both sides of the pedicle are tied, thus leaving the silver shield attached, with the ligatures through it; the ends of the thread and open end of the shield being brought out of the wound, it becomes possible at any time to cut

the threads and remove both them and the shield, by inserting the knife in the shield, thus leaving the stump of the pedicle *in situ*. After carefully examining the left ovary, and finding it healthy, and sponging, in the most thorough manner, the cavity of the abdomen, the wound was closed by interrupted sutures of silk, these being introduced half an inch apart, one inch from the edges of the wound, and carefully including the peritoneum. The end of the silver shield was secured in the lower angle of the wound, by passing through its upper holes and the sides of the wound an acupuncture needle; by the side of this passed out the ligatures of the pedicle and of the single adhesion. The lax abdomen and edges of the wound were supported by adhesive straps passed entirely around the body; the patient, allowed to recover from the anæsthesia, was given one-fourth grain morphine sulphas, with a hypodermic syringe, and was put to bed. She rallied well. Not to exceed half an ounce of blood had been lost. The time occupied in removing the tumor was about forty minutes, and, including the closing and dressing of the wound, a little over an hour, during which time she was under the influence of chloroform.

The case progressed nicely after the operation; there was the usual amount of nausea consequent upon the long anæsthesia, and considerable prostration, due to shock. Her bowels were kept quiet for about a week by opiates; the urine drawn every six hours, with a catheter, and free secretion from the kidneys secured by the administration of citrate of lithia. She was fed chiefly with milk and milk porridge, and only once or twice within ten days did the temperature rise above 100° , and then only for a short time. The silver shield and ligatures of the pedicle were removed ninety hours after the operation (this was done by inserting the knife into the shield); the wound healed by first intention, the stitches being all out by the end of a week. The ligature which tied the adhesion came away on the fourteenth day. Septic fever was but moderate at any time, although she was somewhat delirious for two or three days. Convalescence was uninterrupted, and within a month she went home entirely well. All uterine difficulty has subsided; her menses returned two months after the operation, and at this date (November 5th) she is enjoying perfect health.

After removal, the estimated weight of the

tumor was thirty-five pounds, that of the solid portion being eleven pounds. It was made up of enlarged ovary, many small, and some large cysts, the walls of the latter being very thin, and showing evidence of previous inflammation. I afterward regretted that I did not make a little longer incision, for the tumor was so large that we had some difficulty in extracting it, and probably bruised the edges of the wound, for we had some inflammation of the cellular tissue, and the formation of an abscess in the track of the wound; this, however, did not cause much trouble; it discharged about an ounce of pus, and the process of repair was not seriously impeded.

There are one or two practical points in regard to this case that are worth notice. I must confess that, notwithstanding the experience of those who have tried that plan, I don't like the idea of leaving a foreign substance (as, for instance, a silk ligature) in the abdominal cavity, and neither would I choose to keep the abdominal wound open for a time sufficient for a ligature to come away from the pedicle, the end of the ligature being brought out of the wound. I would also avoid the tension that there must be upon the uterus when the pedicle is secured outside the body by the clamp.

The contrivance of Dr. Peaslee, when the pedicle is not too broad, and can be secured in two parts, seems to leave nothing to be desired. In the first place, it secures drainage for two or three days, so that we can feel sure that no liquids are pent up to become putrid; and when the ligatures and shield are removed, the pedicle is left in its proper place, and the wound free from extraneous material. Another point: the presence in the wound, for two weeks, of the ligature which secured the adhesion, was a great source of annoyance, as it kept the wound open, and caused some purulent discharge. This was entirely unnecessary. The course I should pursue in a similar case would be to double a silk ligature upon itself, thread the free ends through a straight needle, pass this from within outward, through the abdominal wall, catching the loop of the thread over the cut end of the adhesive band, drawing it tight, and tying over a quill outside; thus the bleeding vessels would be firmly pressed against the inner wall, and the ligature could be removed at any time, by cutting one end and drawing it out. In this case, it could have been thus withdrawn in twenty-four hours,

with perfect safety, as the bleeding vessels were very small.

In conclusion, I wish to render thanks to the medical gentlemen who so kindly and ably assisted in this most formidable and dangerous operation; to that assistance, and their subsequent advice, is, in a large measure, due the successful issue of the case.

A CASE OF EMPYEMA TREATED BY FREE INCISION.

Reported by C. C. SCHUYLER, M. D., Physician to Troy Orphan Asylum, Assistant Surgeon to Troy Hospital, New York.

In September, 1875, I accompanied Dr. McLean, of this city, to Johnsonville, N. Y., to see, in council with Dr. Johnson, a young man said to be suffering from chronic pleurisy. He had been under treatment since March, 1875; had been ill for three weeks previous to that date, without medical attendance. At this date, September 17th, the patient had a constant cough, with muco purulent expectoration, hectic fever, and a pulse at 160. When he attempted to speak, his sentences were uttered in a broken and interrupted manner. The affected side was much enlarged, and there was bulging of the intercostal spaces. There was almost entire absence of respiratory sounds. The heart was displaced to the right, the apex beat being noticed a little below and to the left of the right nipple.

He was very much emaciated and debilitated; could not lie upon his back; was in a semi-recumbent position, supported by pillows. The diagnosis of fluid in the pleural cavity was readily made, and thoracentesis decided upon. Dieulafoy's large aspirator was used. The needle was introduced between the seventh and eighth ribs, near the junction of the infra-mammary and infra-axillary regions, and one hundred and twenty-eight ounces of purulent fluid withdrawn, greatly to the relief of the patient. Nothing more was done until the 28th, eleven days after, when we again visited him, and prepared to establish drainage. There was not much improvement in his condition at this time. Chloroform was administered and an incision one inch long made in the eighth intercostal space, near the point where the needle had entered, and a tracheotomy tube of ordinary size introduced, permitting the escape of sixty-two ounces of fluid of a character like that previously removed.

This procedure was followed by a violent fit of coughing, with dyspnea, which lasted for some minutes. He soon rallied, and was able to assume a recumbent position, for the first time in three months. The tube was then closed with a cork and secured by adhesive plaster, and a tape passed around the body. Tonic remedies, with a nutritious diet and a moderate amount of stimulants, were ordered, and the case left to the care of Dr. Johnson. For three weeks following the introduction of the tube about one half pint of fluid was drawn daily. After the fourth week the discharge was very slight.

Dec. 1st. The discharge having ceased, the tube was removed. The wound closed in a few days. The tube did not at any time, by its presence, occasion material suffering. *No injections for cleansing the cavity were used.*

It may be of interest to note the manner in which the introduction of air was prevented when the cork was removed each day. The patient was directed to take a full inspiration, and when this was done, to raise his hand as a signal for the removal of the cork, lowering it as a signal to close the tube, when he could abstain from breathing no longer. After a rest of a few moments this would be repeated.

Feb. 30th. I again saw the patient. He was walking about the house, and was changed so in appearance, for the better, that I failed to recognize him. His weight was, by two pounds, greater than it had been at any time previous to his sickness.

I found, by measurement, that there was a difference of one inch in circumference in favor of right lung. There was well-marked dullness over lower portion of left lung, with entire absence of respiratory sounds. The upper portion was in an apparently healthy condition. The heart had resumed its normal position. Pulse 98; respiration 20; temperature 99 $\frac{1}{2}$ °.

Since my last visit I have learned, indirectly, that the improvement was constant, and that he now enjoys excellent health.

As to injections in these cases, after establishing drainage, Prof. Berkeley Hill, of University College Hospital, after long experience, says: "When there is stinking pus and a septic fever, an effective drain quickly clears off the putrid matter, and the fever subsides rapidly. Astringent or antiseptic solutions, of all kinds, are not wanted, and either annoy or hurt the patient." The result in this case, an

extreme one, certainly confirms what I have quoted. In regard to wounding the intercostal vessels, he states that it is a bugbear only to the theorist; in practice it does not occur.

As to the use of anesthetics, chloroform seems to be preferable, death, as far as I can ascertain, never having followed its use in these cases. Not so as regards ether. Prof. Hill records five deaths following its administration.

The question as to the appropriate time for operating is an important one. Writers are not agreed upon the subject; certainly nothing is lost by waiting until we are satisfied that the efforts of nature are insufficient to effect a cure. The plan followed in this case, after deciding to operate, seems to be a good one, *i. e.*, that of removing the fluid first, by the aspirator, and giving immediate relief, for the patient at once improves up to a certain point, which is reached, usually, at the end of a week or ten days; then, as soon as such improvement ceases, and it is evident that pus is again accumulating, to operate by free incision.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK,
NOVEMBER 22d, 1876.

CLINICAL LECTURE BY PROFESSOR LEWIS A.
SAYRE, M. D.

Reported Phonographically by NELSON W. CADY,
Student.

Disarticulation of Knee-joint, Luxated Backward in Consequence of Chronic Inflammation, etc.

CASE 1.—Mary Cashen, aged twelve years, resides in First street, New York. The patient's friends state that when she was seven years of age she fell from a sofa, striking on her left knee, which accident was immediately followed by a severe inflammation of that joint. It swelled immensely, and in a few months became much distorted and the leg contracted, when she was taken to Dr. Knight's Hospital, on Forty-second street, where she was treated for a long time by liniments, plasters, etc., but no extension was ever applied to it to prevent its muscular contraction. She was afterward taken to the Woman's Hospital, where a female surgeon divided the tendons, but was not successful in straightening the leg. Abscesses formed in and around the joint, opening in various positions, as you see by the different, numerous cicatrices around the limb, both above the knee, over the patella, and several more of them, as you observe, down the leg, some inches below the calf, and on the

lower third of the tibia, through which a probe passes, but does not come in contact with dead bone, with the single exception of the sinus over the patella. You see the leg in its present position as she lies on the table before you. I have not yet administered the anæsthetic, for the reason that there are several important points to which I wish to draw your attention. You observe that the position of the leg corresponds exactly to the drawings and the various plaster models that I have shown you in my lectures on chronic diseases of the knee-joint.

Here is a curious case, showing the principles that I have already laid down to you as of universal application in the treatment of all diseases of the joints, namely, extension and counter-extension, for the purpose of overcoming reflex muscular contraction. I suppose you think that I am always *dinging* on the same subject; but you will acknowledge that you cannot have it dinged into your head too often, when you see such results as this every day brought before us. If it had been dinged into the heads of practitioners years ago, it would have saved those deformities which are daily presented to us. Remember, now and forever, that in all diseased joints, no matter what joint—ankle, knee, hip, back, any joint—one of the necessary results of all inflammation is reflex muscular contraction; and that the muscles, in their contraction, distort and disfigure the limb in one way and another, according to the strength and power of the muscles involved in the contraction; that the muscles, distorting the limb one way or another, according to their strength, guide the deformity according to their superior capacity for contraction. That is all that there is about it. Besides the distortion so caused, the muscles, by this very compression and contraction, compel the parts to be pressed together more than they should be, and the constant, continued pressure on the parts interferes with the normal circulation of the blood in these parts, and absorption takes place as a consequence of the pressure. Consequently, the bones that are being thus brought together firmly, on account of muscular contraction, are absorbed more rapidly at the point of pressure than at any other point. This is the principal means of causing the bone's displacement. In this particular case, the knee is completely luxated backward, and rotated outward. In every one of these old chronically diseased knees you find the subluxation with the external rotation which you see in this case. The reason why it is rotated outwardly is on account of the constant contraction of the biceps muscle, which, having only one single point of action, is externally pressing at one particular spot, and absorption takes place more rapidly than on the inner side, although on the inner side there are four muscles acting continuously. Yet, as they have different points of attachment, the points of pressure are changed. Thus the parts never become so continuously irritated as if the pressure were persistent, or on one particular spot.

At least, that is the only way I can account for this form of rotation.

In this case you will observe that in consequence of the long continuance of the disease, and the subsequent absorption of long tissue, the luxation is made complete instead of being partial, as is usual in most cases.

In the treatment of these cases, no matter what your constitutional treatment is, if you believe that the child is poisoned by some constitutional taint, get it out of the child; there are a dozen ways, but your local treatment is necessary. The indication in all diseases of the joint is to overcome the tendency to contraction by extension and counter-extension. If the patient gets well, he will get well with a useful limb. Neglect this treatment, and the result will be a useless limb, as you see here.

In our patient, as she is before you now, you see that there are several sinuses on the thigh and over and beyond the knee, some three or four inches down on the tibia, through which the probe passes with great readiness. The flexible probe passes up the thigh beyond the popliteal space, and escapes some three or four inches up in the knee. One opening in the patella passes down to diseased bone. Through this opening, she says, some carious bone escaped, and there is still some necrosis going on, but not to any great extent. Water injected into any one of these sinuses escapes from the others, showing that they connect; but only the one through the patella leads to dead bone.

Now, if this little child had been operated on in proper time, it would be perfectly justifiable to excise this knee-joint. But the leg is so much shorter than the other that if I excised it, I should only make her a little short leg, five or six inches shorter than the other. She might have some sort of an artificial foot constructed, but to keep such a foot in repair would cost more money than she can command. Without it, her mode of progression would be of the dot-and-go-one sort. But inasmuch as this girl will have to earn her own living, and as the leg is already so short, and more bone would be taken away in the operation, though she has a good foot below, I doubt very much the propriety of attempting an excision. The next thing is amputation, and where to do it.

If there is much disease in the thigh, it will become a necessity to amputate at the thigh. It seems to me that nature has nearly cured the disease by exfoliation, and that this little discharge from the upper portion of the sinus, around the thigh, must come from the leg below; and when I press my hand upon her femur, in this manner, against the end—you see she has a good end—the patella is turned around, over the end of the condyles of the femur, in just the position to make a good stump; and if it was perfectly healthy, as a matter of course, this would be the best thing to do. If no dead bone exists in the femur, I think a stump can be formed with little trouble. I press with firmness upon the patella, and get no indication of pain. I have, therefore, made

up my mind to simply disarticulate this leg from its new attachment behind the knee-joint. It is not properly an amputation at the knee-joint, because the leg is dislocated, and simply attached to the popliteal space; and when I hold the femur firmly, you can all probably see that the leg has a certain amount of motion, showing merely that fleshy attachments exist to this new articular facet. I propose to make two lateral skin flaps, turn them aside, disarticulate the leg, and bring the flaps together on the posterior side. It is barely possible that the bone may be so diseased that we shall be compelled to perform amputation higher up.

I believe the girl's chances will be bettered by simply cutting away this useless appendage. The suppuration, which is caused by the abscess burrowing in the leg, is exhausting her, and the sinuses will, of course, have a free drainage from the new opening we are going to make; then they will close up.

Dr. Minor asks me why I do not excise this knee. Perhaps he did not understand me when I gave my reasons before. If she were a millionaire, as I do not think she is, she could afford to get an artificial leg, and a fancy foot to it, but it would cost too much to keep it in repair all the time. The diseased leg is already four inches shorter than the other, and to take off two inches more would leave her with a little short leg, utterly useless for locomotion without some fancy apparatus, which she cannot afford. With the stump that I propose to make she could wear a peg leg, and be enabled to earn her living, and it would be more economical for her; that is one reason; and another reason is the risk in the operation. There is always some danger in the excision of a knee in a broken-down constitution like this: and opening the cancellous structure of bone is, of course, attended with more or less danger. In a broken-down child, with a leg fixed as hers is (she is now 12 years old, and five months sick, and pretty well used up by constant suppuration), I would feel that there is greater risk in making an excision of the bone than I do in simply disarticulating and taking the limb away from its false attachment. These are the reasons, Doctor; are they satisfactory?

Dr. Minor—"They are."

Dr. Sayre—"Thank you."

The operation was performed by making the usual lateral skin flaps, the incisions commencing at a point slightly below the insertion of the ligamentous patella, anteriorly, and terminating at the popliteal space, posteriorly. The remains of the patella were luxated so far forward, and so firmly attached to the condyles of the femur, as to make an excellent end to the stump, and to cause the flaps to meet posteriorly. The posterior part of the femur, between the condyles, was found to be completely eroded, and the end of the tibia also somewhat damaged. Some difficulty was experienced in taking up the arteries, not only on account of their not spurting (Esmarch's bandage was

used in this operation), but also on account of their diminished calibre.

Dr. Sayre said of this:—

The artery tied is so very small that I have some suspicions about its being the only one there. If it is the only large artery, it is the smallest popliteal artery that I have ever seen in a child twelve years old. It is barely possible that it may be the only artery which Dr. Pell has put a string around, yet it is so small that I can hardly persuade myself that it is the main vessel.

Now, you will observe what a beautiful stump is made by this operation. There will be simply a linear cicatrix on the posterior part of the leg when the wound is healed. The attachment of the patella is not at all disturbed. It remains fastened to the end of the femur, where it has been so many years since the leg was luxated backward. I therefore leave things as they are, and bring those stitches together, and leave a little hole at the bottom part for the drainage vessels to pass through. You can all see that there is a ligature on the popliteal artery. The only way in which I can account for its extremely small size is the pressure of the leg back against it.

I now proceed to put in my stitches and draw these adhesive strips between the stitches. I always cut my adhesive strips narrow, so that they lie between the stitches and do not have to be removed. At the end of forty eight hours I take the scissors and nick the stitches, and remove them, leaving the adhesive plasters to retain the flaps in position till the recovery is perfect. This may be called, emphatically, a bloodless operation, according to Esmarch's plan, hardly ten drops of blood being lost.

CASE 2.—E. K., aged twelve months. Inflammation of the knee-joint. Cause unknown. Mother noticed the leg slightly bent at the knee, backward and laterally, some four months ago.

Dr. Sayre. Four months ago, from some cause, the mother knows not what, the child's knee joint became involved, and even in this little baby you will observe that this characteristic eversion of the foot is beginning to occur. Of course, in a little plump young one like this, you cannot see the deformity so distinctly, but you can see the flexion and eversion, and the leg beginning to be turned outward.

What do you require for the purpose of rectifying these two different phases of the deformity? Simply what I am now applying, extension, and at the same time lifting the leg forward by an extending force, posteriorly; first extending the limb as you now see I am doing; and now, while I pull the leg downward, I put my hand posteriorly, and bring the leg forward, so as to overcome this tendency to sub-luxation. You see what a change I have made already in that child's leg. Now the proper thing to do for this little fellow is to apply two forces, as I have indicated, and these two forces acting in conjunction give perfect and instant relief as soon as you have made the angle of extension in exactly the right direction.

The wise reviewer of my book, in the *Archives of Clinical Surgery*, states that he cannot understand how I can ever reduce a deformed knee-joint by making the extension in the line as represented in the engraving on page 200 of my book. Well, it is simply because that wise man has not read the book with much care, or he would have certainly learned how it could be done. I tried to state as distinctly as possible, that the line of extension should be made in the particular form which gives the most perfect ease to the patient. Whether the extension is made in this, that, or the other direction, it matters not; you will soon find out the direction of extension which will give your patient the most perfect rest. You change the direction of your extension as the limb changes its position, until you get it perfectly straight at last, and then it is perfectly fit to apply the instrument, by means of which the patient is enabled to go about out of doors and exercise. I had hoped that I had made the explanation in my book perfectly clear, without the necessity of making numberless illustrations to illustrate every case that comes up. But it can all be expressed in a single sentence: The extension should be made in the line of the deformity, changing it by degrees until the limb is straightened. I hope that you will have intelligence to comprehend that.

I have not got that leg in the proper position, as you will observe. Well now, I will fix it in a cheap and economical way, by taking a newspaper and making a couple of splints out of it by folding the paper in ten or twenty thicknesses. The splints are about the length of the child's leg, and two inches broad. These I cover with adhesive plaster, sticky side out, so as to cause it to adhere to the leg. Then with a roller bandage I fasten these splints to the leg, one in front and the other behind, allowing the splints to face in as the bandage follows up the leg, so as to cause them to lie evenly. On reaching the knee I cause my assistant to make extension, then I continue the bandage the rest of the way up the limb. The plaster, you will observe, prevents slipping, and the paper splint, though very weak, has yet sufficient strength to keep up the extension. But in order to make the limb perfectly secure, I take these two strips of tin, which are roughly perforated, so as to present jagged surfaces to engage in the bandages above and below, and utterly prevent slipping; an idea which is due I believe to Dr. Flührer, formerly one of the house staff of this hospital. One such strip is placed over the limb in front and another behind, being secured by a roller bandage. So long as they are held firmly in position, and their parallelism maintained by their adhesion to the splint below and the roller bandage above, motion of the knee is impossible.

You now observe that this child's limb is straight, and at the same time I can press against his heels, moving his body without giving the slightest pain. He is, therefore, in fit condition to be carried about, getting the ad-

vantage of out-door exercise, and his leg is without the slightest degree of deformity. How long it will take for the child to recover no one can say. The after treatment must be conducted according to the necessity of the case; but the principle of extension and counter-extension is one that you must never forget.

In the contrast between these two children, you see in the one case that the limb has been rendered perfectly natural in position. Had the same principle been applied to the first case, it would have saved the necessity of that amputation, thus sacrificing a limb that would now have been useful. She would have been saved twelve years of agonizing suffering, and prostration from excessive suppuration, which she has gone through.

ST. PETER'S HOSPITAL, BROOKLYN, NEW YORK.

Reported by A. T. BRISTOW, M. D., Physician to the Out-door Department of St. Peter's Hospital, and late Senior Assistant Physician to the King's County Hospital.

Case of Traumatic Tetanus.

CASE 1.—Thomas Dwyer, aged 10 years, was brought, by his mother, to the Out-door Department of St. Peter's Hospital, to be treated for "sore throat." The night before he had slept well, but awoke in the morning (Saturday, November 11th), complaining of sore throat and inability to open the mouth. He was seen the afternoon of the same day. His appearance was that of extreme distress; face covered with perspiration; head drawn back; thighs flexed on the pelvis, so that the walk was like that in ankylosis of the knee joints.

On attempting to examine the throat, it was found that the mouth could be opened only wide enough to admit the forefinger. An external examination showed that the soreness was not located in the throat itself, but in the sternomastoid muscles. These were tense and rigid, as were also the masseters of both sides. The boy being laid on a lounge, the muscular spasms relaxed, but in a few moments returned again, but not sufficiently to constitute anything more than trismus. The paroxysms in the muscles of the trunk were, as yet, merely a momentary slight stiffness or rigidity, permitting the patient to walk, yet giving rise to the peculiar gait before referred to. No injury had, as yet, been mentioned by the mother, but, on inquiry, it was found the patient had cut his thumb three days before. Accordingly, on the tip of the left thumb there was to be seen a cut half an inch long, which had healed by first intention, and then presented no unusual appearance, neither heat, redness nor swelling.

The patient was admitted to the hospital for treatment (service of Dr. Raymond). Time of entrance, four o'clock, p. m., on Saturday. Pulse 106. Temperature 99½°. Ordered hot fomentations to the neck, and as much beef tea and milk punch as he can drink.

By six o'clock in the evening the disease

fully declared itself. The spasms recurred, at first, at intervals of half an hour, but the interval decreased, until the paroxysms returned every thirty seconds, the muscles of the trunk and lower limbs being now affected, constituting a complete opisthotonos. During Saturday night the violence of the spasms was such as to throw the boy out of bed several times. Sunday morning saw no abatement of the symptoms. The temperature remained the same, 99½°. Doses of bromide of potassium were then administered, one-half drachm every hour, but without effect. Whisky was then given in intoxicating doses, after Dr. Clark's treatment, but did not modify the symptoms in the least, nor did it produce intoxication.

During the afternoon, opisthotonos and pleurothotonos both were present, there being at times a marked lateral curvature to the body. By evening the temperature had risen to 102°. The pulse was 132. At nine o'clock the temperature had reached 103½°, and at two o'clock on Monday it was 104½°. At three o'clock, a. m., on Monday, the patient died.

The violence of the attacks seemed to be modified by nothing except exhaustion. They recurred regularly every minute or half-minute, and a simple touch on the chest was sufficient to excite a paroxysm at any time. The respiratory muscles did not seem to be much affected. Severe pain was present only during the paroxysms; during the period of rest the patient complained but little. The treatment of the case was entirely that of support and stimulation, no narcotics being administered at all.

Aneurism of the Aorta.

CASE 2.—A. G., aged 44, junk-man, presented himself at the Out-door Department of the hospital, August 4th, and complained that for the week past he had been suffering from severe cough and dyspnoea. Physical examination did not discover signs of any extensive bronchitis, nor was the expectoration profuse. The condition of the lungs did not explain the dyspnoea. The heart was examined and found to be normal, at least the sounds were sharp and clear. A simple sedative and expectorant mixture was prescribed, which relieved the cough.

August 14th. The patient appeared again, saying that the cough still troubled him, and that he could not "raise anything." He also directed attention to the swelling, which was giving him slight pain, and had been noticed by him, for the first time, the day previous. It was at the juncture of the clavicle and sternum, and pulsated quite perceptibly. On auscultating at this point, the cardiac sounds were heard distinctly. The area of the tumor did not then exceed two square inches.

On the 17th the patient was seen for the third time. The pain, dyspnoea and cough were now so excessive that he was admitted to the hospital for treatment. The tumor had increased in size with great rapidity. It extended from the lower margin of the clavicle to the lower margin of the second rib, and from the

middle of the manubrium sterni outward for a distance of three and a half inches. Its shape was that of an irregular flattened ovoid, its elevation being not greater than half an inch. The skin over the tumor was a little reddened but not painful, and the rib was pushed forward. Pulsation was most distinct at the upper and outer margin of the tumor, diminishing in force toward the median line. Auscultation did not reveal any very distinct bruit, but percussion gave dullness over the entire extent of the swelling.

The face of the patient was cyanotic, the anterior jugular vein of the left side conspicuously swelled, and all the superficial veins of the thorax abnormally distended. The cough disturbed the patient, especially at night, on lying down, but was not attended by much expectation. There was also a certain amount of dysphagia, which the patient had noticed for three weeks past. He said that the food went down to a certain point, and then seemed to stop. The pain, which was at first but slight, was now severe. It started in the right shoulder, radiating toward the neck anteriorly, backward to the trapezius muscle, and downward to the bend of the arm; also shifting toward the internal border of the scapula.

The surgeons of the hospital, on consultation, pronounced the tumor to be most probably an aneurism of the aorta, although the absence of a distinct bruit rendered the diagnosis difficult, and at best doubtful. Treatment, palliative.

Aortic Obstruction.

CASE 3.—Francis Lynch, aged thirty-five. Ireland, laborer. Complained of shortness of breath, palpitation, pain in cardiac region. Had had acute rheumatism six months previous. Auscultation and percussion revealed a double murmur and a hypertrophied heart, but the pulse was so rapid that it was almost impossible to distinguish between systole and diastole, as the contractions of the heart seemed already vigorous, the functional difficulty being that of excited action. Veratria was substituted for digitalis, and given as follows:—

R. Veratriæ, gr. j
Syrupi simp., ʒss
Aque font., ʒiij. M.

Sig.—Every two hours, one drachm.

The entire quantity was taken, but produced no other effect than a slight nausea, therefore digitalis was substituted, in the following formula:—

R. Ext. fl. digitalis, gtt. xx
Syrupi simp., ʒss
Aque font., ʒiijss. M.

Sig.—Every two hours, one drachm.

This had the desired effect, reducing the number of the beats and correcting the altered rhythm. It also relieved the symptoms. The sounds now appeared to accompany the first sound of the heart, and follow the second. Their greatest intensity corresponded with the base of the heart. The diagnosis of aortic

obstruction and insufficiency was therefore made out, and the patient treated accordingly, but no continuous medication was kept up, digitalis being reserved for an excited action of the heart associated with dyspnoea.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Conversational Meeting, held October 11th, 1876. Dr. Andrew Nebinger in the chair. Reported by FRANK WOODBURY, M. D.

The paper of the evening, on "Cases called Hysterical" (given in our last number), was read, and received a complimentary vote.

In opening the discussion, Dr. William T. Taylor said that Hysteria is a convenient name to describe certain peculiar symptoms which have been referred to by the doctor in his paper. The disease is almost always confined to women during their menstrual life, and is generally connected with some uterine disorder.

It may mimic the symptoms of other diseases, as for instance, peritonitis, and affections of the joints. Indeed, Sir Benjamin Brodie remarks that four-fifths of the supposed diseases of the joints of females are hysterical. Until we can obtain another name more definite, we must still adhere to the old one "Hysteria."

Dr. George Hamilton said the subject for consideration this evening had been presented in an instructive and important point of view. The first two cases in illustration showed that an attack of hysteria had been (in one patient) mistaken for a serious brain lesion, and that the latter condition had been (in the other) regarded as hysteria.

These cases, quoted from a medical journal, recalled to mind two others of nearly similar import, occurring in his own practice. Many years ago a young, healthy, single woman, engaged in household duty, fell in convulsions, presenting no other phenomena than those usually noticed in hysterical attacks. This case terminated fatally in thirty hours, the symptoms, however, merging into those of apoplexy some time before the fatal issue. Quite recently a somewhat similar case occurred, in the person of a lady of fifty years, of impaired constitution, nervous temperament, and who had endured, for a few months previous to the attack, inordinate physical and mental exercise, with proportionate exhaustion. In the midst of an exciting discussion, she fell prostrate in convulsions, yet, as in the former case (excepting an ill defined symptom or two suggesting cerebral injury) presented the more customary symptoms observed in hysterical attacks. In about three hours from the invasion, the pulse became much slower, accompanied by stertor, and at the end of eight hours from the attack death ensued. In regard to the latter case, or any other of similar history, where degeneration of cerebral tissue is at least possible, may

not the spasmodic movements and disturbed circulation of the blood peculiar to hysteria prove the efficient causes of fatal lesion within the cranium.

Dr. Woodbury, in reply to a question in regard to the connection existing between hysteria and insanity, recalled the fact that Maudsley, in his *Pathology of the Mind*, gives a prominent position to hysteria as an inherited cause of insanity; hysteria in one generation predisposing to, or producing, insanity in the next.

As an illustration of so-called hysteria in the male, he referred to a case of catalepsy in a young man admitted to the Pennsylvania Hospital two years ago. The patient had taken a little stimulant, and suddenly became rigid and unconscious. In this state he was brought, an hour later (about midnight), to the hospital. Tonic spasm was present; the fingers were extended; the arms close to the side, and sprung back to this position when disturbed; the eyes were closed; the globes rotated upward and oscillating. A diagnosis of hysteria (?) was made, and a galvanic battery brought into requisition with happy effect. The patient went home well in the morning.

Dr. William A. Burns mentioned a case in his practice, of a young man, who, after a violent mental shock, became markedly hysterical and died in a few days. The patient was in excellent health, when he witnessed the violent death of a friend. He went home much depressed in spirits. The next day he was very emotional, crying and laughing, and at times using the vilest language, although when in health he was consistently correct in his conduct. These emotional attacks recurred frequently, with perfectly lucid intervals, except that he continually asked to be taken home. On the third day he became intensely icterode, his pulse was accelerated, and became gaseous. Death took place, on the fourth day from the accident, apparently from exhaustion. No autopsy could be obtained.

It is an interesting fact that this patient's sister was accidentally burned to death several years ago, and, as a result, two of the remaining sisters labored under hysterical convulsions so violent as to threaten life for several days, but finally recovered.

Dr. Wm. B. Atkinson reported a case of hysterical symptoms, to a marked degree, in a young man, who had been disappointed in love. He also mentioned a case that had been under observation for twenty-two years. Soon after the birth of a healthy child she developed hysterical symptoms. She had fearful attacks, resembling acute mania, at frequent intervals during the next two years. Examination of the uterus, at this time, showed it to be large and congested (sub involution), with the os open, but without ulceration. After restoring the uterus to a healthy condition, the patient became well and free from these attacks, until lately, in the interval having been delivered of

two children, the last one of whom is of an extremely sensitive, nervous temperament. The patient now has headaches, ill health, and threatening insanity, but refuses a vaginal examination. He believes that hysteria is a rarer affection than it used to be.

Dr. John G. Stetler did not think that hysteria is as frequent as it was twenty-five years since. He generally found that there was tenderness between the scapulæ, demonstrated by pressure on the spines of the vertebrae. As the blood is the regulator of the nerves, he very usually found this impaired. He also often found derangement of the catamenia, and *primæ viæ*, but no symptom was as constant as spinal irritation. The treatment most successful was antispasmodics, and ferruginous tonics, and tartar emetic ointment, or a blister to the tender spine—in a word, to correct any functional disturbance.

Dr. William S. Stewart said that hysteria is a convenient name for certain diseases, which occur both in the male and female. He quoted three cases of hysterical attack, one male and two female, that recovered under the treatment by the cold douche. The pulse and heart's action are the principal points in the differential diagnosis of hysteria, in which disease they are not materially affected.

Dr. Andrew Nebinger said, if the paper of the evening, and the discussion, teaches one lesson more positively than another, it is that we should not adopt hasty conclusions when we see symptoms called hysterical, as such a course might deprive the patient of the treatment required for his relief until the golden opportunity for such treatment had passed away. In the two cases narrated by Dr. Atkinson, it is impossible that the symptoms could have been due to the same cause, although, as the doctor has said, they were identical. It is clear, from the treatment, that in the case of the woman, the hysterical phenomena were due to uterine disease; clear is it, also, that in the other case, the young man, the hysterical symptoms must have depended upon some other and very different cause. Hysteria, like dropsy, is a symptom, and it is for the physician to discover the cause productive of these phenomena of disease. Among the many hysterical complaints that we are called upon to treat, we find causes very dissimilar. One class of cases will have its origin in digestive disorders. Correct this condition of the stomach and the hysterical group of symptoms disappears. Another class of cases finds its efficient cause in anæmia. Spinal irritation, as is well known, is a most fruitful source of hysterical symptoms. Anodynes in the management of hysteria springing up from these and many other causes, are at best but palliatives. Each case of hysteria must be traced back to its originating cause, and the curative treatment be directed to the removal of this cause, whether it be uterine disease, spinal irritation, functional derangement of the digestive organs, anæmia, or any other curable disease.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Action of Eliminant Alternatives.

Dr. T. Lauder Brunton closes an article in the *Practitioner*, September, 1876, on alternative medicines, with the following conclusions and inquiries:—

All medicines may be called alternative, but the name is specially applied to those which imperceptibly modify nutrition.

Nutrition is carried on in the intestine, and probably in the body, by means of ferments.

Alternatives probably modify nutrition by modifying the action of these ferments.

Nitro-hydrochloric acid probably acts in headache, and also in the depression of spirits associated with oxaluria, by modifying the action of ferments in the intestine or liver.

Lithates are probably formed in the liver, and also in the muscles. The question arises, is nitro-hydrochloric acid useful in stopping the lithates from disorder of the liver and digestion only; or is it also useful when the lithates arise from other causes?

Colchicum is probably useful in gout, by diminishing the production of uric acid.

Iodide of potassium acts on the lymphatics.

Mercury acts on the albuminous solids.

Is the action of iodide increased by giving salt?

The Relations of Diseases of the Skin to Diabetes.

Professor Pick, of Prague, writes in the *Allgemeine Wiener Med. Zeitung*, No. 34, 1876, that we must keep in view three conditions when we study the connection between the diseases above named.

1. The skin disease may be idiopathic and merely coincident with the graver affections, and, if influenced at all, is only somewhat modified by the latter.

2. The skin disease is due to the same cause as the diabetes, and may precede, accompany, or even follow that malady.

3. The skin disease is directly consequent to changes produced in the organism by the other disorder.

Among those dermatopathies which are merely coincident, we have not only parasitic affections and acute exanthemata, but also the syphilides, which, as well as the others named, run their ordinary course in diabetic patients; those forms which are somewhat modified during their course, but were simple in origin, comprise a number of eczemas. If diuresis exists, their moist stage is either very slight or entirely wanting, and the squamous stage appears almost immediately; when the urine is

not secreted in undue amount, the moist stage of the eruption persists for a long time. Where the urine moistens surfaces affected with intertrigo, the latter is usually converted into eczema marginatum; Prof. Pick thinks this is favored by the sugar which is present in the liquid soiling the chafed parts.

There are other varieties of eczema which Prof. Pick regards as directly due to the diabetes.

In the second group he places certain forms of pruritus and furunculus dependent upon affections of the central nervous system, and this is regarded as supporting the theory of the origin of diabetes in disturbances of the same system.

The skin diseases of the third group are mostly caused by the irritation of the sugar which circulates with the blood, or by diuresis, and comprises certain forms of eczema, xeroderma, pruritus, furunculus and anthrax; finally, there is a peculiar affection of the mucous membrane of the mouth, which Prof. Pick calls epitheliosis mucosæ oris, and which he distinguishes from syphilitic affections having a somewhat similar appearance.

He closes by referring to the importance of testing the urine in such cases of disease of integuments as have been named.

Treatment of Anthrax with Subcutaneous Antiseptic Injections.

From the *Allgemeine Medicinische Central Zeitung*, we learn that, supported by Davaine's views, the carbuncle and the so-called malignant oedema are connected with the emigration of poisonous bacteria into the affected parts. L. A. Raimbert used carbolic acid to render them harmless. He gives several cases in the *Gazette Hebdom.*, No. 25, 1876.

CASE 1.—Workman, aged 46 years. Vesicle behind ear; soon followed by infiltration of the whole face and considerable prostration. Cauterization, with hot iron, and, afterward, sublimate; no improvement. With repeated hypodermics of a 1:10 solution of carbolic acid, a cure was completed in twenty days. Infection was probably received from a diseased sheep.

CASE 2.—Farmer; age, 48. Malignant pustule on hand; caused by the blood of a diseased cow (*milsbrand*). Applied caustic potassa three days after infection; the whole arm swollen. Repeated incisions and cauterizations did not produce benefit. Carbolic-acid injections, after causing momentary syncope, gave speedy relief. Patient cured, but subsequently he had circumscribed gangrene of the skin of his ring finger.

CASE 3.—Woman; age, 23. In seventh month of pregnancy. Probably infected by handling hides. Carbuncle on cheeks, with diffused

infiltration; also, gangrene of the skin. On the evening of the third day, subcutaneous injection of tincture of iodine, with local improvement; but the foetus died. Foetus expelled on the eighth day, with considerable hemorrhage, increasing debility and attacks of syncope. Death on the tenth day from the commencement of the disease. While alive, some blood clots from the patient were examined microscopically, but no bacteria were found.

The author draws the following conclusions:

It is rational to cauterize a recent malignant pustule (*milsbrand-pustel*), because we may destroy the bacteria which are within reach of the caustic; while the poison has not gone beyond the skin and the subcutaneous areolar tissue, we may hope to neutralize it with the hypodermic injections of antiseptic solutions, which must be made in considerable number and at various points. If the poison (*milsbrand-gift*) has been taken up by the blood, subcutaneous injections no longer have the power to destroy it; injections of carbolic acid into the veins he regards as too dangerous.

Dangers from Santonine.

In using santonine, it is well to bear in mind that comparatively small doses have produced convulsions of a somewhat grave character. A German contemporary lately reported a case in which poisonous effects were produced in a child two years old, by the ingestion of so small a dose as a grain and a half. Convulsions commenced in the face, and extended to the extremities, while the respiratory action was greatly impeded. Under warm baths, enemata, and artificial respiration, the patient recovered. The physician in charge of the case then instituted a series of experiments on the lower animals, and found that chloral and ether inhalations controlled the convulsions produced by santonine. He naturally argues that the same treatment should be pursued in the human subject when a poisonous dose is taken.

The Caustic Properties of Bromide of Potassium.

Mr. Peyrand has tried the escharotic properties of bromide of potassium upon malignant and other growths, either by means of injections into the tumor, or by the application of the powdered salt to a raw surface. The action of the salt is completely resisted by the tegument. His first clinical experiment on the subject took place in April, 1874, when, by means of daily applications of powdered bromide, he effected the removal within twenty-eight days of an epitheliomatous growth on the face. He has since had equally good results from this treatment of atonic ulcers of the legs, rapid cicatrization following the separation of sloughs produced by the application. In such cases he uses either the powder or an ointment of one part in five, or a mixture (one in ten) of glycerine and the bromide. In many skin affections, as chronic eczema, pityriasis and acne, in

phagedæna, ulcerative stomatitis, and many other local inflammatory disorders, he has found it of use. As a local hæmostatic, a solution of one in fifty has served for epistaxis, and as a general hæmostatic its success in many cases of hæmoptysis and metrorrhagia was very marked, where ergot, perchloride of iron, and rhatany had failed.

A New Plan for Drainage of Wounds.

In a paper read before the British Association, Mr. Chiene advocated the substitution of hanks of catgut prepared in carbolic acid solution for the india-rubber tubes in ordinary use. After illustrating by a reference to the manner in which field-drains were laid, that it was not absolutely necessary that a drain-pipe should be either tubular or patent, he expressed his conviction that a hank or skein of catgut would act, by capillary attraction, even more powerfully than an ordinary tubular piece of india-rubber. It would have the additional advantage that it would not need to be shortened or removed, as the granulations of the parts might be trusted to absorb it. Four cases illustrated the paper. One was an amputation at the ankle drained by three hanks of catgut. In this, putrefaction took place, and the drain was not a success. One, an excision of knee, for ankylosis, healed up well; and two others, in which small tumors had been excised with antiseptic precaution, had done well also. From these somewhat scanty data, the conclusions had been drawn. The size of the skeins was to vary with their number and the depth of wound to be drained, and the most careful antiseptic precautions were to be taken.

The Condition in which Salicylic Acid is Secreted.

Mr. F. Baden Bengel, r. c. s., examined the urine of a patient who had taken 60 grains of salicylic acid during the previous twelve hours. It was found to exert no retarding action on the production of essential oil of mustard, or oil of bitter almonds, and not to hinder, in the slightest degree, the action of half a grain of yeast on forty grains of sugar dissolved in one fluid ounce. Five fluid ounces were concentrated, and washed with ether, the ethereal solution evaporated to dryness, and the residue dissolved in one fluid ounce of sweetened water; to this half a grain of yeast was added, and fermentation immediately commenced.

Parallel experiments were made with solutions containing known quantities of salicylic acid for comparison.

The conclusion arrived at was, that, at all events in the case under observation, salicylic acid was not excreted in an active condition.

Salts of salicylic acid had been stated to possess no antiseptic power, but the author had observed that five grains of salicylate of soda prevented the action of half a grain of yeast on one fluid ounce of sweetened wine or water.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Modern Therapeutics; A Compendium of Recent Formulæ, Approved Treatment, and Specific Methods in Medicine and Surgery; with an Appendix on Hypodermic Medication, Inhalation, Aeration, and other remedial agents and therapeutic methods of recent introduction. By George H. Napheys, A. M., M. D., etc. Fourth edition, rewritten and enlarged. Published by D. G. Brinton, 115 South Seventh street, Philadelphia. 1 vol., cloth, 8vo, pp. 609. Price \$4.

After a delay of a year from the time the first pages went to press, the fourth edition of this treatise is presented to the profession. As the editor informs us in a brief note, this delay was owing to the sickness of the author, a sickness which led to his death. The manuscript was, however, nearly all prepared, and the editor confined his attention to filling some omissions, and seeing the work through the press.

In its present form it is a great advance on previous editions. The arrangement is scientific; the number of diseases whose therapeutics is given is very much increased, and the range of collation is much wider. For example, we find, by the "Index of authors," that the number quoted in the present volume is *five hundred and eighty*, against *two hundred and thirty* in the last (*third*) edition; of diseases, on comparing the tables of contents of the two editions, we find the third contains the therapeutics of one hundred and five, the fourth of *one hundred and seventy-three*; while the average of matter under each disease is increased about one fourth.

Those who have not seen the work will be pleased to know its plan. It differs from all other books on therapeutics, in making this a branch of the practice of medicine, instead of *materia medica*. The diseases are classified according to the received nosology, commencing with those of the nervous system, and then under each the treatment for it is given, as recommended by the most eminent *living* authorities. The name of the author is first given, and then the especial therapeutics which he advises, his exact prescriptions, are recorded whenever he has stated them. The indications for each line of medication are briefly added, and the whole is followed by a

notice, in alphabetical order, and in fine print, of the various drugs which have, at various recent dates, been asserted, on good authority, to be efficient as remedies.

The division on "Surgical Therapeutics," which appears for the first time in this edition, embraces in its first chapter a description of the various dressings for wounds, among which Lister's antiseptic dressings are prominent; also the treatment of burns, sprains, and other injuries. The second chapter is devoted to surgical diseases. Here we find a quantity of approved receipts and directions for the local and internal treatment of cancer, carbuncles, goitre, piles, gangrene, *nævi*, *ozæna*, fissure prolapsus and pruritus ani, spermatorrhœa, tumors, ulcers, varicose veins, etc. Then come diseases of the eye and ear, diseases of the skin, and venereal diseases. In the latter, the article on gonorrhœa is especially full and rich in suggestions for treating the obstinate forms of this disease.

The Appendix is taken up with the use of compressed and rarefied air, rules for endermic medication, formulæ for inhalation and hypodermic medication, and medicinal snuffs.

The diseases of women and of children are treated at length in the body of the book.

This summary may give some idea of the scope of the work and the plan of the author. But to appreciate with what care and skill he has carried out the plan, the book itself must be seen. The authors, we have said, are about five hundred in number. They are about equally divided between American, British and Continental countries, and are very nearly all contemporaries. The literature of practical medicine for the last ten years has evidently been exhaustingly searched, and with a judicious eye. Few names of note will be found absent from the index; and the practice of many living clinical teachers will here be found quite complete, although they have published no work on practice. This arises from the fact that the author was not only very familiar with the ephemeral literature of medicine, but was himself a constant attendant on clinics, and collected much from his personal notes. Thus, there are forty-six different references in the index to the clinical measures of Professor J. DaCosta, and ten to those of Professor Gallois, of Paris, though we believe neither of these gentlemen has ever published any book setting forth their general practice.

In conclusion, we may add that the book is handsomely printed, on excellent tinted paper, and is substantially bound in English cloth, with beveled edges. Its price, too (four dollars), is at least twenty per cent. lower than the same size and make of medical books are usually sold for. No one who buys it will find his money wasted; in fact, a better investment for the practitioner cannot be found.

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D. G. BRINTON, M.D., EDITOR.

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PHYSICIANS AS DISPENSERS

Some years ago a member of the American Medical Association proposed, at a meeting of that body, to condemn, as disqualified for membership, any physician who dispensed his own medicines in localities where there were reliable pharmaceutical establishments. Fortunately, this measure fell to the ground without results; partly, perhaps, because of the pains this journal took to show how unjust and injurious any such restriction of personal liberty would be.

The fact that such a motion was made indicates, however, the wide separation that has been made between the art of preparing and that of prescribing galenicals. There is, in fact, a feeling that it is somewhat derogatory for a doctor to dispense his medicines. If he keeps a drug store, he is not quite so well thought of as if he sent his formulæ to his neighbor apothecary.

There is something to be said in defense

of this feeling. The growing magnitude of pharmaceutical art requires close attention, to master its details; the great care which a prescription clerk should exercise is hardly possible to a physician with frequent calls; the man who would be jack-of-several-trades is proverbially apt to be master of none.

On the other hand, the increasing ignorance of physicians about the history, appearance and reactions of drugs, is a heavy disadvantage to them. They work in the dark, unable to judge of the condition and temper of their tools. That very eminent physician, Dr. JOHN HARLEY, of London, has recently advocated, in strong terms, that whenever it is practicable, the prescriber should be his own dispenser. The relation between a medical man and his patient is naturally of the most confidential kind, and it is sometimes with reluctance that the former directs and the latter accepts the intervention of a third person in the capacity of a dispenser, for both are aware that inferences as to the nature of the complaint may be formed from the prescription; nor is the matter mended by a knowledge that the inference may be incorrect.

But the medical man has other inducements to dispense his own prescriptions; he has a personal interest in them, and that sense of security which a man of sound sense has in his own work; and in sending his prescriptions to another, he feels the force of the old aphorism, "There's many a slip between the cup and the lip," and believes that the chances of a slip are diminished when the medicine is sent out under his own supervision. If the medicine be obtained from an unknown source, and the action repeatedly fails, he must infer either that the condition of the patient obstructs the action of the drug, or that the drug is inefficient. Some experience of this latter contingency will rarely be wanting to give strong bias to his conclusion. This may, nevertheless, be unjust; but anyhow an element of confusion is imported into the case, alike unsatisfactory to each of the three

parties concerned. Had the medical man sent his patient a preparation with the individual action of which he was familiar, doubts would never have arisen, but, on the contrary, he may have added a useful fact to medical science. But further, when a medical man entrusts the prescription to his patient, a very long interval may elapse before he returns, and then he may be found suffering not so much from the disease as from the abuse of his medicine; or he may never return, choosing to be guided by his own discretion, or by the advice of the dispenser as to the need of continuing or omitting the use of the medicine. By such a course as this, the influence of the prescriber is weakened, and it may be that his usefulness is prevented by the patient, who is not unseldom ready to recommend the use of his prescription for the relief of every ailment that he fancies has any similarity to his own.

There is, we believe, no hope that in this country any large number of physicians in cities or towns will return to the plan of filling all their own prescriptions. But the separation of the active principles of plants, and their presentation in convenient forms, such as globules, capsules, wafers, etc., go far to facilitating the business. Even now a very small box may contain a far more varied and excellent collection of drugs than the largest ship's chest could a half century ago.

NOTES AND COMMENTS.

A Reminder and a Promise.

As the volume and the year are drawing to a close, we take the opportunity to remind those whose subscriptions soon expire that promptness in forwarding the amount due for renewals will be *very highly appreciated* by us. We are sometimes asked why we charge *in advance*. It is because we pay cash for all the costs of publication, and thus secure an advantage which we return directly to the reader in an improved quality and greater quantity of matter in the journal.

In regard to the next volume, we may here

say that we have engaged for the reports of a series of clinical lectures on diseases of women, by Dr. William Goodell; for a continuation of those on nervous diseases, by Dr. S. Weir Mitchell; on orthopedics and joint diseases, by Dr. Louis A. Sayre; and general clinics on surgery, by Professor S. W. Gross and J. S. Wight; on medicine, by Professor J. Da Costa and Dr. Hutchinson; and a variety of others. We can, without any boasting, promise, in the department of Hospital Reports and Clinical Lectures, a richer, more practical and thoroughly useful selection, illustrating the best practice of the day, than any other journal in this country. We intend that every succeeding volume shall be a substantial improvement on its predecessor.

The Delirium of Operators.

Under this sensational title, Dr. Guéniot, of Paris, undertakes to describe a delirium which may seize a surgeon during an operation, consisting in a more or less temporary mental aberration, during which he may inflict injuries on his patient, always of a serious character, and usually fatal. The young surgeon is especially predisposed to this terrible attack, affected as he may be by the sight of blood, anxious with regard to the opinions of others, and menaced alike in his interests and self-esteem. This delirium is much oftener observed during obstetrical operations than in those of ordinary surgery. They, in fact, are often undertaken by practitioners only imperfectly acquainted with the proper manoeuvres, while the execution of these in the depths of the organs concerned conceals the extent and importance of the lesions produced. Numerous cases were cited which either have been published by authors, or have fallen under Prof. Guéniot's personal observation, in which fearful and fatal lesions have been produced, when neither the circumstances of the case, nor the ignorance of the operator afforded any explanation—nay, in more than one of these he was a person of expertness.

Return to an Ancient Disinfectant.

The oldest disinfecting process on record is burning sulphur. When Ulysses had slain the suitors of Penelope, he burned "purifying sulphur" in the blood-stained hall. Perhaps none better has since been found. The *Lancet* remarks that in the second edition of a pam-

phlet on the subject of burning sulphur fires in epidemics of cholera, Surgeon-Major Dr. Tuson, of the Indian Medical Service, gives several illustrative examples from his own experience of the efficacy of this method of procedure. He states that he has on four occasions observed the marked effect of sulphur fires in arresting the progress of the disease. Attention to certain points is considered of consequence. All the fires should be lighted at one and the same time, and the sulphur be sprinkled on them simultaneously. The piles of wood should be good large heaps, so as to last several hours; they should be placed at distances of from forty to fifty yards, to surround a village, particularly to the windward of it, and in places where cholera has its habitat. The fires should be kept up for twenty-four or forty-eight hours at least.

Euthanasia in Hydrophobia.

Dr. Prévost described the following case, at the Société de Biologie, Paris.

A woman aged 65 years was bitten in the little finger by a rabid cat, and on the fortieth day showed the first symptoms of hydrophobia. At once a hypoderm of morphia 0.03 was given, without result; she was then put under the influence of chloroform, which increased the bad symptoms, and produced a serious suffocative attack. Then 4 grammes of chloral (in a solution 1:10) were injected into the saphenous vein; three minutes afterward anæsthesia and profound sleep set in. In twenty minutes spasmodic symptoms reappeared; 6 grammes of chloral, administered as before, produced the like effect. During the following seventeen hours 7.5 grammes more of chloral were injected, with the effect of keeping the patient in a profound quiet sleep until her death, which took place twenty-four hours after the commencement of the disease.

Harrot has published an analogous case, in which 15 grammes of chloral were given in all; and in view of these two cases, Dr. Prévost recommends the treatment for the control of the violent spasms, and for the purposes of euthanasia.

Duration of Life in Ancient Rome.

In a vault used for the interment of the ancient Roman family Statilia, Signor Bixio, the Inspector of Antiquities and Director of Excavations, has found several inscriptions indicating the ages of the deceased. They are, however,

rare, as out of 400 such inscriptions, only seventy-five indicate the ages, fifty-five being the urns of men, and twenty those of women. Signor Bixio found that forty-five of these slaves or freedmen had not attained the age of forty, nine only reaching that age, and one attaining that of sixty. Of the women, fifteen had died under thirty, two exceeded that age, and three had exceeded forty. This early mortality of the slaves of a rich family is remarkable, and we can only conjecture that it may have been due to the physical and moral suffering, bad diet, and the excess of work and libertinage to which the slaves at this epoch were exposed.

CORRESPONDENCE.

CLIMATE AND TRAVEL IN THE TREATMENT AND CURE OF CONSUMPTION.

Letters by an Invalid Physician.

III. THE RIVIERA—CANNES, NICE, MENTONE, ETC.

ED. MED. AND SURG. REPORTER:—

It was my good fortune to cross the Atlantic with a distinguished English surgeon, who was returning home greatly pleased after the hospitable reception given him by his American professional brethren. The most important part of his advice that now comes back to me was, not to remain in a place after becoming heartily tired of it, but, like Joe, in Bleak House, to "keep moving on."

The advice of one of the best physicians in London can be thus summed up: "Avoid fatigue and drink plenty of milk."

If beauty were the sole element essential in a climate for consumptives, the Riviera would undoubtedly rank all competitors; and if associations alone were alterative and tonic, those of the Mediterranean, be they historical or romantic, would act as a cure for the gravest ills.

Passing over my journey from Liverpool, via London, Paris, and Marseilles, I leap to that epoch in it when I reached Mentone, on the Riviera.

Before leaving home I had read a book by an eminent physician, entitled, "Winter and Spring on the Shores of the Mediterranean." It was enticing to a well man: it was like the pardon to a man who should die on the morrow to a sick one. The frontispiece was a lithograph, brilliant in color, representing Mentone, with its foreground of sapphire sea, and trees of many hues, and its background of majestic hill and mountain.

In point of fact, I found that Mentone is probably the most crowded with invalids and the least deserving of patronage of any place

along the Riviera. The town is old and dirty, with the usual high houses and narrow, damp streets, peculiar to Mediterranean settlements. It is built along one main street, the continuation of the Corinche road, the famous post-road of the Mediterranean. The hotels stretch out along this road beyond the village confines. In front lies the sea, and behind the Maritime Alps, or their prolongations, in the shape of steep hills, rise abruptly. Some of the hotels are built upon such a slant, or excavation in the hillside, that while you enter on the ground floor in front, you emerge from the third floor upon the yard behind. This makes the back rooms damp, and invalids dare not use them.

But let us turn to the climate. Get into a carriage in front of the hotel on a beautiful sunshiny day, and in the more than warmth, absolute heat, you almost protest against taking an overcoat, and do protest against the robe which the driver has brought along. Your felt hat is hot, and you observe that the ladies wear straw ones, and carry sunshades. The sun's rays are piercing. But turn a corner into a shady street, get on the shady side of a wall or hill, or let the sun be temporarily obscured by a passing cloud, and how quick you will draw close the overcoat and pull the robe over the lap. The cold is raw and penetrating; it goes right through you, and a return to the sunny road is ardently wished for. If you are a little late in starting on your ride, and the sun sinks behind the hills before the hotel is reached, beware of chill. The air at sunset becomes pestilentially damp, and so continues for an hour after. The same feeling is experienced in stores not warmed, and in the hallways of the hotels. An invalid has to be as careful to keep in the sunshine or by the fire, as he has to keep out of water.

Had I to return to the Riviera for another winter, I should select Nice—a miniature Paris—a resort as much for those who suffer from nothing but the dread of northern climes as for those positively ill. Here there are music, books, society, beautiful walks and drives; and above all, the sick are masked by the vast majority of the well. Do not understand this as recommending Nice as a winter climate. It is simply a recommendation by comparison. I would never halt on the north shore of the Mediterranean if it were in my power to reach Egypt or Algeria.

After a few days in Mentone, I said to its medical autocrat, "Wont you point out the features of this place to me?" As I had been strongly recommended by him to make it my winter home, and not go two miles away from it, I was naturally anxious to know the reason why.

The pith of the answer was:—"North winds mean winter. By its mountain ranges, Mentone is protected from north and northeast winds. The mountain Tusbia protects it from the *mistral*, an immunity not enjoyed by Nice. It has complete southern exposure, and the sun shines, during the winter months, with tropical

warmth. The cool, dry air favors evaporation, however, and no oppressiveness or debilitating influence arises from the hot rays. Italy and the mountains of Corsica take away the heat and moisture from the debilitating southeast wind, or *sirocco*, breeding pernicious fevers in these localities, from which the Riviera is exempt. We have cool nights, little rain, and invalids can pass the greater part of every day out-doors."

These plausible statements are reproduced in guide books like Murray and Baedeker; they find their way in the newspapers; they are reproduced in Dr. Howe's "Winter Homes for Invalids," along with the assertion that the climate of Algiers is moist and hot, and that only those who improve in a moist climate should go there. From actual experience, I pronounce these statements unqualifiedly false, and the source of incalculable harm to invalids.

I have already shown the penetrating chill of the Riviera when out of the sun's rays. I turn to my diary, and see how it bears out its reputation for dryness and tonicity:—

November 25th and 26th. Cloudy, raw days.
November 27th. Showery.
November 28th. Clear, beautiful day.
November 29th, 30th, December 1st, 2d, 3d, 4th and 5th. Continuous cold rains.
December 6th, 7th and 8th. Clear.
December 9th. Cold and drizzling rain.
December 10th. Clear.
December 11th. Cold, raw, bleak morning.
Rain in the afternoon.
December 12th. Clear.
December 13th. Cloudy morning. Rainy afternoon.
December 14th and 15th. Rain.
December 16th. Clear.
December 17th. Cloudy and chilly.
December 18th. Southerly winds, rain, and fresh deposit of snow on the mountains.
December 19th. Morning, clear. Afternoon, rain.
December 20th. Cloudy, gloomy weather.
December 21st and 22d. Clear. Ice formed in the streets both days.

Where could a worse record be obtained? Where a spot more wanting in every attribute of dryness, warmth and elevation? Everybody did badly. Simple bronchitis became aggravated, pleurisy augmented, and cases undoubtedly tubercular sank faster than they would have done at home. The well attendants about the hotel suffered from colds, and those who died were sneaked away the same night to vaults or trains, that the reputation of the place for health might not be impaired. In vain the hotel-keepers pleaded the transit of Venus to account for the weather, and previous records to show that such a state of things never occurred before. The previous January (1873) had been just as bad, and last season (1875) was no better. Finally, Nice, Mentone and Genoa are intrinsically as unhealthy as Rome or Naples, and suffer proportionately from the same crowding and atrocious drainage.

In conclusion, I do not deny that some consumptives have recovered, or vastly prolonged their lives, by wintering along the Riviera. When men recover on "grape-cure" in hospitals, on the tops of the Alps; in fact, when there is hardly a spot on earth where some individual case might not be found to progress favorably, it would be foolish to assert that the Riviera could not produce her individual cures.

What this paper directly protests against, is the issuing of books and pamphlets by medical men, or under medical sanction, whereby, at great personal sacrifice, and regardless of time, distance or expense, invalids are induced to leave the comforts of home and go to an uncertain climate, under exaggerated promises of cure.

Seneca Lake, N. Y.

Extensive Pleural Adhesions Without Symptoms.

ED. MED. AND SURG. REPORTER:—

On November 16th, assisted by Dr. Seymour, of this place, I performed an autopsy on the body of D. N., aged 41, native of United States. History, substantially as follows: he had received a wound in the back while prisoner of war in the South. The ball entered just below the inferior angle of the right scapula. About all he can distinctly recall is, that he was laid up in hospital for three months. Expectored considerable blood, but made a good recovery. This happened in 1863, since which time his health has been good. He is a laboring man, and has been able to do his share of severe labor until September 1st this year, when he began to have difficult breathing and troublesome palpitation, which had lasted ten weeks before he consulted me. Physical examination revealed greatly enlarged area of cardiac dullness on percussion. Area of lungs normal, both on percussion and auscultation. On placing the ear over the cardiac region, a distinct double soufflé, a soft, rushing bruit, was present during systole and diastole.

The slightest exertion produced severe dyspnoea and faintness, with pain. Treatment, perfect rest, arterial sedatives.

This man had felt no difficulty referable to the heart or lungs; in fact, he had considered himself a sound man up to the time previously mentioned. This will be significant when viewed in the light which the autopsy will throw upon it.

I will not follow his case in detail. Death ensued on the night of the 16th instant. When the body was viewed by us, rigor mortis was well marked; the subcutaneous cellular tissue extremely anasarcaous. As we had permission only to view the organs of the chest, we abandoned any expectation of finding the bullet. There was no accumulation of serum in the pericardium, but some in the left pleura. The left lung collapsed on opening the chest; the right did not. The circumference of heart before removal was fifteen inches; walls of the left ventricle hypertrophied, with dilatation of both ventricles. The aortic valves were insuffi-

cient. There was a fusiform dilatation of the arch of the aorta. The aortic valves were almost obliterated. But two could be demonstrated, and they were quite incompetent to perform their duty.

We know that people will live, and seem to be unconscious of even the gravest forms of disease of the heart, until informed of the fact by their physician. But I am greatly astonished at what I found on examining the right lung. The parenchyma of both was healthy, but the pleura of the right was firmly adherent to the costal pleura throughout, on all its surfaces, so firmly, indeed, as to require the whole force of my two hands to detach it, and, as a proof of its age, portions of the surface showed a vascular development. The base of the lung in contact with the diaphragm was inseparable. I repeat, there was not a square one-sixteenth of an inch of surface unadherent. Our supposition was that the bullet had passed through the lung, causing hemorrhage into the pleura, followed by pleurisy, with union of its two surfaces. The wonder to my mind is how could he exist with such a trouble, without more interference with his health, dyspnoea, and other consequences of this extensive trouble. The liver was enlarged, of blue-black, congestive color. We were not permitted to occupy more time, or make a more extended dissection; we did not examine further. I should like to hear from your readers as to symptoms in like cases, and which they have been able to verify by a diagnosis of adherent pleura by an autopsy. This man had absolutely no symptoms except such as were directly referable to the organic disease of the heart.

A. J. JESSUP, M. D.
West Town, N. Y., Nov. 20th, 1876.

Removal of Loose Cartilage of the Knee-joint.

ED. MED. AND SURG. REPORTER:—

A young man, a farmer, came under my care during the last year on account of a lame knee. The knee-joint was enlarged and tender to pressure; there seemed to be an increase of synovial fluid and relaxation of the ligaments; a hard body near the head of the fibula was discovered, which, on slight pressure being applied to it, would slip into the joint and completely disable him from walking for a time. Its mobility was such that it was impossible to secure it in such a position as not to interfere with the motions of the joint.

At the urgent request of the patient, this loose cartilage was removed, Oct. 17th, 1876, by a direct incision made through the integuments near the tendon of the biceps, in which situation the loose body could be best secured for the operation. This concretion was an inch and a half in length and one inch wide; it appeared to consist of cartilage, with one smooth side and the other rough. No unfavorable symptoms followed the operation. In the course of my practice, I have performed the operation for extraction of loose cartilage of the knee-joint

three times, with perfect success, not one untoward circumstance occurring in either case.

I attribute the absence of dangerous inflammation to the great care which was taken in each case, both immediately before and after the operation. The wound was dressed with adhesive straps, the patient put in bed, and the limb put upon a long splint with a foot piece, the foot and limb well fastened to the splint, so as to secure the most perfect state of rest of the knee-joint for the next fifteen days.

Cochecton, N. Y. B. W. APFLEY, M. D.

News and Miscellany.

The Yellow Fever at Savannah.

A recent visitor to Savannah, Ga., writes:—Regarding the yellow fever I could write a volume just from what I saw and heard during my short stop at Savannah. It was rather a happy coincidence that, on the day of my arrival, there was not a single death from yellow fever, and the doctors proclaimed that the fugitives might return. There were about 1300 deaths from the disease during two months of the siege; the total deaths and cases will never be known, as they were not nearly all reported.

The Small Pox.

Late official advices state that the most terrible outbreak of small-pox ever known in the history of the Northwest is desolating Gembic, an Icelandic and Mennonite settlement of about 7000 souls on the east side of Lake Winnipeg. The deaths average 180 daily. No medical men are on the spot, but the Manitoba government is endeavoring to send doctors. The scourge is also raging with terrible fury on the west side of the lake. The Fort Thunder Indians have been decimated, and hundreds have died in settlements on the Qu'Appelle river. Indians are fleeing south toward the boundary line. The fur trade is stopped throughout the Northwest, by order of the authorities.

The American Climate and the Voice.

The *Scientific American* says that Dr. Lenox-Browne, Surgeon to Her Majesty's Italian Opera, in a paper recently read before the London Musical Association, on "The Voice as a Musical Instrument," says that the notion that our American climate is destructive to fine voices is unfounded. People who never learned to sing properly may complain; but the well-trained vocalists do not suffer. He also combats the idea that alcoholic stimulants or voice lozenges are beneficial to the singer. The latter are merely irritating, and the numerous pots of beer which some celebrated operatic artists are reputed to indulge in are useless to assist the voice. A glycerine lozenge, Mr. Sims Reeves states, is useful, and on very rare occa-

sions a small quantity of claret and water may be necessary; but all alcoholic stimulants are detrimental.

Who Discovered the Circulation of the Blood?

A monument was unveiled last month in the University of Rome, erected to the honor of Andrea Casalpino, who, the Italian physicians say, was the true discoverer of the circulation of the blood. According to them, he demonstrated this great fact at Pisa, before the end of the sixteenth century, showing by experiment, in 1593, that veins in any part of the body, when tightly bound, swell between their original capillaries and the ligatures, and that when cut they discharge the black venous blood, afterward the red arterial blood. He taught both at Pisa and at Rome the deductions from these experiments which are now so familiar to us. Casalpino died in 1603, and it was a quarter of a century later when Harvey announced his discovery. Harvey, say the Italians, only added new proof to the already established truth, and they propose to hold a celebration of their own doctor at Pisa once a year, on the same day as that on which London honors the memory of Harvey.

A Grateful Patient.

At a recent meeting of the German Association of Naturalists, Dr. Hermes described some interesting characteristics of the young gorilla in the Berlin aquarium. He nods and claps his hands to visitors; wakes up like a man and stretches himself. For some weeks he had inflammation of the lungs, when his old friend Dr. Falkenstein was fetched, who treated him with quinine and Ems water, which made him better. When Dr. Hermes left the gorilla on the previous Sunday, the latter showed the doctor his tongue, clapped his hands, and squeezed the hand of the doctor as an indication, the latter believed, of his recovery. In fact, the gorilla is now one of the most popular inhabitants of the Prussian capital.

Transactions of the International Medical Congress.

Subscriptions for the forthcoming volume of Transactions of the International Medical Congress are now being received. As but a limited edition will be printed, gentlemen who wish to obtain copies are requested to forward their names, with the amount of subscription (\$6 per copy, in advance), to the Treasurer, Dr. Caspar Wister, 1303 Arch street, Philadelphia, before January 15, 1877. The price of the volume will be raised upon the day of publication.

JOHN ASHBURST, JR.,

Chairman, Committee of Publication.

—Dr. Theodore Roth, practicing physician, whose office was in Sixth street, above Vine, died December 1st, aged forty-two years.

Personal.

—Among the deaths lately recorded in Europe is that of Dr. Bultkens, the Director of the Insane Asylum of Ghent, in Belgium. He was the special medical adviser of the ex-Empress Carlotta, and every year, through his intercession, a notice was published of the Imperial Court of Mexico as it was under the Emperor Maximilian, and laid before Carlotta, who was thus cheated of her sorrow.

—It is reported that Mr. Liebreich, who has had control of the ophthalmic department of St. Thomas' Hospital, London, for several years, being dissatisfied with his English experience, is about to leave London to return to Paris. Apparently, it will not be a very sad parting to the English medical world, for he appears not to have succeeded in making many friends.

—Mrs. Annie Oldham Cook, the wife of Dr. J. L. Cook, of Henderson, recently made her *début* as a lecturer, before a Louisville audience. Her subject was the "Conundrum of the Nineteenth Century," which turned out to be what to do with the women. Her audience was much pleased.

—Dr. Michael F. Groves died in this city November 20th, aged sixty-seven years. Dr. Groves graduated at the University of Pennsylvania in 1830, and was for a time assistant physician at the Pennsylvania Hospital. Later he occupied himself chiefly as a druggist.

—Lady Bell, widow of Sir Charles Bell, F.R.S., the noted physiologist, died recently in London, at the age of 94 years. She was the author of a pleasant volume of "Recollections."

—Foreign exchanges note the death of Dr. Torrance, of Airdrie, Scotland, in his sixty-first year. He leaves many friends in this country as well as at his home.

—A position as assistant physician in an institution may be obtained by addressing the editor of this journal. The applicant must be single and well qualified. Salary \$500.00.

—Dr. T. A. Schlitz, of Egg Harbor, N. J., has come to Europe on a tour.

Items.

—The Annual Report of the Surgeon General U. S. Army has been received. It is marked with its usual comprehensiveness. The principal points in it will be laid before our readers at an early day.

—The Supreme Court of Minnesota has rendered a decision sustaining the constitutionality of the inebriate asylum law, by which a tax of ten dollars per annum is levied upon each saloon keeper and trafficker in liquor, for the maintenance of an asylum for inebriates, now in course of erection at Rochester.

—The Early county, Ga., *News* having asserted that whisky did not cure rheumatism, became so unpopular that the legal advertisements of Miller county were immediately withdrawn.

—A young surgeon in Edinburgh has committed suicide by opening the femoral artery with a penknife. Four students at University College have committed suicide during the present year.

—A new society, called the "Société d'Autopsie Mutuelle," is being formed in Paris, the members of which are, by mutual agreement, and by will and testament in due form, to leave their bodies, after death, at the disposal of the Society, for dissection, with the view of promoting pathological and physiological science.

QUERIES AND REPLIES.

Young Men.—The treatment of pneumonia by mercury and antimony has certainly fallen into considerable disuse. They may be useful in the early stages of the disease, with much febrile action, in robust subjects. The case you describe was certainly not one in which we should have countenanced their administration.

Countryman.—Aqua coloniensis, *vulgo*, cologne water.

OBITUARY.

JAMES THORN, M. D.

Dr. James Thorn, who died at Troy, New York, on the 26th ult., was one of the leading physicians and surgeons of that city for a period of thirty years. He was born in Colchester, England, July 20th, 1802, and at the age of nineteen began his professional studies by entering St. Thomas' Hospital, London, as a dresser, where he remained three years.

He entered the Royal College of Surgeons on the 6th of August, 1824, and upon graduation began practice in Piccadilly. In 1832 he came to this country and located at Albany, but shortly after removed to Troy, where he became distinguished as a surgeon.

For twenty-five years he was attending and consulting surgeon to the Marshall Infirmary. He was an ex-president of the Rensselaer County Medical Society, and a member of the New York State Medical Society. He was twice elected mayor of the city, a position which he filled with honor to himself. Some years since he was stricken with palsy and was obliged to give up active practice, though it is said he afterward performed lithotomy.

DEATHS.

McBRIDE.—In Rainsboro, Ohio, November 12th, 1876, of cerebral meningitis, Otto T., son of Dr. D. N. and S. A. McBride, aged seven years and seven months.

MOFFETT.—On the 4th inst., of typhoid fever, at his residence, in this city, Richard Moffett, M.D., in the 38th year of his age.